

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. H.		11/16/99
O.I.P.E. CLASSIFIER	DW	32	11/16/99
FORMALITY REVIEW	BH	60245	12/21/99

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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